POLICY BRIEF

Unlocking HER potential: Gender equality through equitable access to assistive technology

ATscale GLOBAL PARTNERSHIP FOR ASSISTIVE TECHNOLOGY

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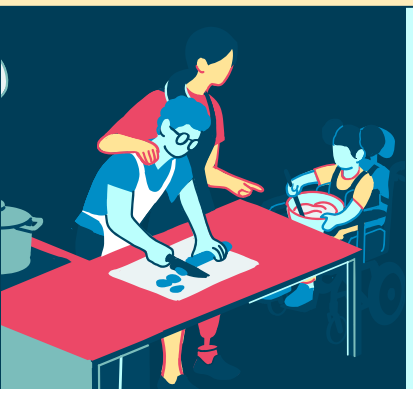
UN WOMEN

ATscale the Global Partnership for Assistive Technology, is a cross-sector global partnership with a mission to transform people's lives through assistive technology. It catalyses action to ensure that, by 2030, an additional 500 million people in low- and middle-income countries get the life-changing AT they need.

UN Women , the United Nations Entity for Gender Equality and the Empowerment of Women, exists to advance women's rights, gender equality and the empowerment of all women and girls. As the lead UN entity on gender equality and secretariat of the UN Commission on the Status of Women, we shift laws, institutions, social behaviours and services to close the gender gap and build an equal world for all women and girls.



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Acronyms

AI	Artificial intelligence
APL	Assistive product list
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
GSMA	Global System for Mobile Communications Association
IASC	Inter-Agency Standing Committee
ILO	International Labour Organization
LMICs	Low and middle-income countries
NGO	Non-governmental organization
OHCHR	Office of the High Commissioner for Human Rights
OPDs	Organizations of persons with disabilities
rATA	Rapid assistive technology assessment
SDGs	Sustainable Development Goals
TF GBV	Technology-facilitated gender-based violence
UNDP	United Nations Development Programme
UNDRR	United Nations Office for Disaster Risk Reduction
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UN CEDAW	UN Committee on the Elimination of Discrimination against Women
UN DESA	United Nations Department for Economic and Social Affairs
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USD	United States dollars
WCAG	Web content accessibility guidelines
WHO	World Health Organization
WIPO	World Intellectual Property Organization

Executive summary

Access to assistive technology enables the full enjoyment of human rights and is a critical precondition for achieving gender equality and empowerment of all women and girls. Assistive technology can be life-changing for women and girls, enabling autonomy, communication, equal opportunities and meaningful participation in all aspects of life, including education, employment, family and public life. From screen readers that open access to schooling, to mobility aids that facilitate entry into the workforce, assistive technology expands opportunities and reduces exclusion. The benefits begin early and grow across the life course: when girls receive appropriate assistive technology early, they are more likely to remain in school, complete their education and access better employment opportunities later in life. Assistive technology also reduces the disproportionate caregiving burden borne by women, lowering physical and emotional strain and freeing time for paid work, health and social connection. During pregnancy, early childcare and older age, assistive technology supports autonomy, improves health outcomes and delays or reduces the need for long-term care.

Despite this transformative potential, access to assistive technology remains deeply unequal and persistently gendered. Women and girls consistently face greater barriers than men and boys in obtaining and using the devices and services they need. These inequities are shaped by gender norms, poverty, discrimination and weak service systems. These inequities are further compounded for women and girls with disabilities, those living in rural or crisis-affected settings and older women. Where assistive technology is accessible and appropriately supported, it strengthens social inclusion, communication and participation, enabling women's engagement in community networks, advocacy, leadership and decision-making. However, realizing these gains requires more than individual solutions; it depends on the strength and equity of the systems that design, finance, deliver and regulate assistive technology.

To understand why these gaps persist and how they can be addressed, this brief applies the 5Ps Framework (People, Products, Provision, Personnel and Policy) developed by the World Health Organization (WHO) through its GATE initiative. The policy brief uses this framework to examine how gender inequities are embedded across five interconnected dimensions of assistive technology systems:

- **People:** Women and girls – especially those from rural, Indigenous or low-income communities – face exclusion from the design, delivery and governance of assistive technology. Cultural stigma, restrictive social norms and lack of representation deepen their marginalization. Visible assistive products may increase exposure to discrimination or gender-based violence, while inaccessible environments and policies deny them meaningful participation.

- **Products:** Many assistive technologies are designed for dominant user groups, often men, resulting in poor fit, discomfort and reduced usability for women and girls. Products frequently ignore the ergonomic needs of caregivers, menstrual hygiene or reproductive health contexts. Digital tools are rarely built with women's privacy, safety and digital literacy levels in mind.

- **Provision:** Access pathways are fragmented and inequitable. Women and girls must often travel long distances, navigate male-dominated service environments or rely on underfunded public systems. Assistive technology is frequently unavailable in rural areas or sold privately without public subsidies, placing the financial burden on those least able to afford it. Gatekeeping by service-providers and discriminatory eligibility rules further restrict access.

- **Personnel:** Service-providers often lack training in gender-responsive assistive technology delivery. The shortage of female healthcare workers and rehabilitation professionals means women and girls are less likely to feel safe or understood during assessments or fittings. Women are also underrepresented in assistive technology innovation and procurement, limiting their influence on how products are developed or selected.

- **Policy:** National strategies frequently overlook the gender dimensions of assistive technology access. Policies rarely integrate assistive technology across sectors such as health, education and employment, or include gender-disaggregated targets and indicators. Women and girls with disabilities are often excluded from policymaking processes, leaving their voices absent from assistive technology governance, budgeting and oversight. Meanwhile, regulatory systems may drive up costs or limit innovation.

This brief draws on more than 240 survey responses from individuals and organizations across nearly 50 countries,[1] in addition to country-level consultations, literature reviews and expert input. Together, this evidence reveals that the barriers to assistive technology access are not merely technical: they are social, economic and structural. To ensure equitable access, systems must centre the voices and realities of women and girls, especially those with disabilities, and address the intersecting barriers they face across the 5Ps.

The brief concludes with targeted, evidence-based recommendations for national governments, international organizations and other stakeholders. These include:

- **Mainstream gender-responsive assistive technology access into national disability, health, education and social protection policies:** Ensure that policy frameworks explicitly include provisions to expand access to assistive technology, with a focus on the specific needs of women and girls. This includes embedding gender analysis, measurable targets, disability- and gender-disaggregated data, and accountability mechanisms to monitor progress and close equity gaps.

- **Increase funding and affordability through sustainable financing and partnerships:** Provide subsidies, pooled procurement and remove taxes and tariffs to make assistive technology financially accessible, with explicit measures prioritizing women, girls and other marginalized groups. Governments should leverage public-private partnerships and donor coordination to scale affordable supply, local production and service-delivery.

1. UN Women and ATscale 2025. The surveys consisted of 39 and 33 questions, respectively.

- **Build inclusive systems, local capacity and women's leadership across the assistive technology ecosystem:** Invest in training and retention of a gender-responsive assistive technology workforce, strengthen local service and repair capacity, embed accessibility standards in public services and ensure that women – especially women with disabilities – are represented as leaders in policy development, product design, procurement and implementation.

- **Integrate assistive technology into humanitarian preparedness, response, recovery and resilience frameworks:** Ensure the continuity of assistive technology provision in emergencies and crisis settings by embedding assistive technology into preparedness planning, disaster risk reduction strategies, humanitarian response plans and early recovery mechanisms, with explicit prioritization of the needs of women and girls.

Bold, gender-transformative leadership and concerted action are required to ensure that assistive technology becomes a catalyst for empowerment, equity and justice, and that it serves to unlock the potential of all women and girls.

Ms. Sor San, a businesswoman, sitting on a chair with her walking aid and holding a sign "I am a woman leader, I can do it!" during an International Women's Day in Cambodia, 2018.

Photo: UN Women/ Sreynich Leng

1 Introduction

Access to assistive technology enables the full enjoyment of human rights and is a critical precondition for achieving gender equality and the empowerment of all women and girls, promoting equal opportunities and participation in society. Assistive technology encompasses a wide spectrum of products and services that enable women and girls to overcome barriers and enhance quality of life by promoting independence, dignity, autonomy, communication and participation in education, employment, family life and community engagement.

From screen readers that open access to schooling, to mobility aids that facilitate entry into the workforce, assistive technology expands opportunities and reduces exclusion across the life course.

The benefits begin early and accumulate over time: the earlier girls receive appropriate assistive technology, the greater the long-term gains in school enrolment, reduced dropout rates, employment prospects and social inclusion. For example, the provision and maintenance of assistive technology can generate an estimated USD 100,000 in increased income over the life of a child who receives assistive technology.[2] These increased earnings are generated through the combined mechanisms of improved educational outcomes; higher-equality and better-paid employment; and by supporting functional ability, independence and participation among older persons.[3] Beyond economic returns, assistive technology can reduce the disproportionate caregiving burden borne by women, easing physical and emotional strain while freeing time for paid work, health, leadership and social connection. During pregnancy, early childcare and older age, assistive technology strengthens autonomy, supports women's multiple roles as caregivers, workers and community members, and can improve health outcomes while delaying or preventing the need for long-term care.

Despite the transformative potential of assistive technology, access remains highly unequal and deeply gendered. The WHO and UNICEF estimate that more than 2.5 billion people globally could benefit from one or more assistive products, a number expected to rise to 3.5 billion by 2050 as a result of an ageing population and the spread of communicable diseases.[4] Yet access to assistive technology remains deeply unequal across and within countries.[5] In some high-income countries, up to 90 per cent of people who need assistive technology can access it, while in low-income countries access may be as low as 3 per cent.[6]

These gaps are not gender neutral. Evidence consistently shows that women and girls have lower access to assistive technology than men and boys, even where their level of need is equal or higher.

2. Atscale 2021.
3. Ibid.
4. WHO and UNICEF 2022.
5. Borg et al. 2023. p. 1313..
6. WHO and UNICEF 2022.

Gender norms, poverty, limited decision-making power, and barriers to education and employment intersect with weak service systems to further disadvantage women and girls, particularly those living in rural, crisis-affected or low-resource settings.[7] As a result, global inequalities in assistive technology access disproportionately reinforce gender-based exclusion.[8]

Women and girls are disproportionately affected by this gap due to many intersecting forms of discrimination. Globally, disability prevalence is higher among women than men, with approximately 19 per cent of women living with a disability compared to approximately 12 per cent of men, contributing to higher overall need for assistive technology across the life course.[9] At the same time, assistive technology use is not limited to persons who identify as having a disability. Many individuals rely on assistive products temporarily or intermittently due to pregnancy, injury, chronic illness, ageing or caregiving responsibilities.

Nevertheless, available evidence consistently shows that women face compounded disadvantages in acquiring and using the full range of assistive technologies, including physical, mechanical and digital tools.[10] Findings from the **Global Report on Assistive Technology** indicate that in most surveyed countries, females tend to have higher levels of need but lower levels of access than males, including for commonly used products such as spectacles. These disparities are situated within broader gender-based inequities: an estimated 119 million girls worldwide are out of school, and girls with disabilities are significantly less likely to complete primary or secondary education compared to their peers without disabilities.[11] Globally, women with disabilities face the lowest employment rates, with some estimates showing women with disabilities two times less likely to be employed than men without disabilities, further compounding economic exclusion.[12] These barriers impact women of all ages and functional capacities, and although women in lower- and middle-income countries (LMICs) may face greater challenges, barriers are not unique to women in these countries.

7. Kaye, Yeager and Reed 2008; Ward-Sutton et al. 2020; Danemayer et al. 2025
8. Yarrow et al. 2023.
9. UN DESA 2019.
10. UNICEF 2022.
11. UNESCO 2023.
12. UN Women Undated. “Women and Girls with Disabilities: Facts and Figures”; UNFPA and UN Women 2022, pp. 14–17.

These challenges are even more acute in crisis and conflict settings, including protracted crises such as in Palestine, where assistive technology access must be approached through the humanitarian–development-peace nexus.[13] Women and girls with disabilities frequently experience displacement, the loss or destruction of assistive devices and limited access to humanitarian services, further compounding the barriers they face.

The purpose of this policy brief is to raise awareness, advocate and inform policy and practice on the role of assistive technology as a catalyst for gender-responsive and gender-transformative change, highlighting assistive technology's pivotal role in expanding opportunities for women and girls.

Specific objectives

1. Highlight the critical role that assistive technology plays in the lives of women and girls throughout their lives, especially how appropriate assistive technology can empower women and girls by boosting workplace accessibility, improving learning outcomes, enhancing productivity and facilitating career advancement, all while shifting harmful social and gender norms and power relations towards gender equality.

2. Identify unique, gender-specific barriers through a careful investigation into the economic, sociocultural and systemic obstacles that women and girls face in accessing, using, designing and commercializing assistive technology, with a focus on employment, education and community participation.

3. Provide actionable, evidence-based policy recommendations feasible for governments, employers, assistive technology suppliers, donors and organizations of persons with disabilities (OPDs) to build a robust, gender-responsive and transformative assistive technology ecosystem that leaves no one behind.

13. United Nations Undated. "Humanitarian-Development-Peace Nexus."

Methodology

This policy brief draws on a mixed-methods approach that combines a comprehensive desk review of more than 90 academic and grey literature sources – including publications from the WHO, UNICEF, UN Women, the Global System for Mobile Communications Association (GSMA) and ATscale – with primary data collection to assess gender-related barriers and opportunities in the provision and use of assistive technology by women and girls.

Two tailored surveys – one for individual assistive technology users and one for organizations involved in provision, advocacy or policy – were disseminated globally in English, French and Spanish. The first survey generated 163 individual responses across 48 countries from individuals who use assistive technologies, their families or allies. A further 84 organization responses were received for the second survey from OPDs, non-governmental organizations (NGOs), women-led organizations, UN agencies and other stakeholders.

To complement these findings, qualitative country consultations were conducted in Georgia, Pakistan, Palestine and Ukraine with UN Women Country Offices, OPDs and other local actors representing the rights of women and girls, providing deeper context-specific and intersectional insights into lived experiences. The methodology was designed to ensure diverse perspectives, contextual relevance and alignment with UN Women's commitment to evidence-based, inclusive and gender-transformative policy development. Additional methodological details are provided in Annex 1.

While every effort was made to gather a broad range of perspectives, the data are illustrative and exploratory rather than statistically representative and are intended to highlight patterns, barriers and policy-relevant trends. Throughout this document, references to the "Assistive Technology Questionnaire" refer to the primary data collection undertaken by Nick Hoekstra on behalf of UN Women and ATscale for the purpose of this policy brief.

2 Assistive technology as part of a global rights framework

Access to assistive technology is grounded in States' human rights obligations under the Convention on the Rights of Persons with Disabilities (CRPD), which calls on States to promote the research, development and dissemination of assistive technology and to facilitate international cooperation to improve access.[14] While not articulated as a stand-alone right in a single provision, the CRPD consistently recognizes access to assistive technology as essential to

14. United Nations 2006.

the realization of rights related to autonomy, mobility, participation, education, health and employment. Article 32 of the CRPD specifically emphasizes the importance of strengthening international cooperation, including the transfer of technology, capacity-building, and the exchange of accessible and affordable assistive products. Article 11 of the CRPD further underscores that these obligations carry heightened significance in conflict-affected, occupied or crisis-impacted settings, where State capacity may be limited. In such contexts, the international community has a shared responsibility to support the continuity of assistive technology access, uphold rights and prevent further marginalization of women, girls and persons with disabilities. Together, these provisions affirm that equitable access to assistive technology, particularly in LMICs and humanitarian contexts, is not solely a national responsibility, but a shared global obligation. Similarly, the Global Report on Assistive Technology urges the development of collaborative partnerships, including South-South and triangular cooperation, to scale up innovation, procurement and distribution of assistive technology worldwide.[15]

Taken together, these international frameworks establish access to assistive technology not as discretionary social support, but as a core obligation of States and the international community. They require concrete legislative, budgetary and institutional action to ensure availability, affordability, accessibility and continuity of assistive technology across sectors and settings. This includes integrating assistive technology into national laws and policies, allocating adequate public financing, strengthening service-delivery systems, and ensuring accountability mechanisms that address the specific barriers faced by women and girls, particularly in humanitarian and crisis-affected contexts.

Assistive technology is also essential for achieving the Sustainable Development Goals (SDGs), particularly in areas like poverty reduction, health, education, economic growth and reduced inequalities.[16] Most notably, assistive technology supports SDG 5 on gender equality by enabling the social, political and economic participation of women and girls, as well as easing caregiving burdens – roles that are disproportionately shouldered by women and girls.

15. WHO and UNICEF 2022.

16. Atscale Undated

While neither the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) nor the Beijing Declaration and Platform for Action explicitly reference assistive technology, their goals of eliminating discrimination and ensuring full participation across all spheres of life clearly imply the need for equitable access to assistive technology. CEDAW Article 3 obliges States to guarantee women's full development and enjoyment of rights on an equal basis with men.[17] CEDAW's General Recommendation No. 18 recognizes that women with disabilities face "double discrimination" and calls on States to adopt special measures ensuring equal access to education, employment, health services, social security, and participation in all areas of social and cultural life.[18] More recently, in 2024, General Recommendation No. 40 reinforces these obligations by emphasizing intersectionality and the duty of States to guarantee the inclusive participation of women with disabilities in governance and decision-making systems.[19] Similarly, the Beijing Declaration calls for reducing women's poverty and ensuring equal access to decision-making and public life.[20] For women with disabilities or those experiencing functional limitations, assistive technology is an indispensable tool for realizing these global commitments and ensuring inclusive development.

Participants in the conference room using microphones, laptops, tablets and mobile phones. The 67th session of the Commission on the Status of Women (CSW67) in New York, 2023.

Photo: UN Women/Ryan Brown

17. United Nations 1979.

18. UN CEDAW 1991, para. 1.

19. UN CEDAW 2024.

20. United Nations 1995.

3 Defining assistive technology

Assistive technology is an umbrella term for those products and their related systems and services that help maintain or improve an individual's functioning and independence. Assistive technology can range from physical products such as white canes, hearing aids, wheelchairs or spectacles, to digital products including text-to-speech software or closed captioning.[21]

21. WHO and UNICEF 2022.

Assistive technologies support a wide range of functional needs across the life course, from augmentative and alternative communication tools that assist with communication, to hearing aids and captioning that provide auditory and sensory support; devices such as orthoses or walking frames that facilitate mobility and stability; and adapted utensils, pill organizers and memory aids that support daily living. Continuous innovations in the field of assistive technology mean that new products and services regularly emerging, making it neither feasible nor desirable to define an exhaustive list. The WHO, however, maintains a Priority Assistive Products List that includes 50 assistive technologies and products selected on the basis of widespread need and impact on a person's life.[22]

Smartphones increasingly function as multifunctional assistive technology platforms, integrating multiple accessibility features within a single device. Built-in settings often allow users to enlarge text and icons, invert colours, adjust contrast, activate alternative gesture controls or use voice commands.[23] Additional applications can further expand accessibility, enabling the use of the smartphone's camera and microphone as a magnifying lens or hearing aid, respectively. For many users, smartphones represent one of the most affordable and widely available entry points to assistive technology.

Meanwhile, artificial intelligence (AI) represents an emerging, though still relatively limited, part of the assistive technology landscape. AI-enabled tools can support communication through speech recognition, facilitate environmental understanding through computer vision, or assist with organization, navigation and memory. These tools offer new opportunities to enhance independence, but they also raise concerns regarding algorithmic bias, data protection and privacy.[24] Because women are underrepresented in both the data sets used to train AI systems and the teams designing them, AI-powered tools may inadvertently reinforce gender stereotypes or produce inequitable outcomes.[25] When AI is integrated into assistive technology, these biases can further disadvantage women and girls, whose needs are often underrepresented in digital systems and technology innovation.[26]

22. WHO Undated. "Priority Assistive Products List."

23. Barbareschi et al. 2019.

24. Fahaad et al. 2024.

25. Manasi et al. 2022.

26. Omokhabi et al. 2025; Bolarinwa et al. 2025.

4 The life-changing impact of assistive technology for

Assistive technology has the potential to fundamentally change the experiences of women and girls by promoting their inclusion throughout the lifespan, enabling greater participation in family, community and society.

For women with disabilities or those experiencing temporary impairments, assistive technology promotes autonomy, communication and access to essential services, while for women affected by conflict or humanitarian crises, access to assistive technology can be critical to safety, survival and dignity, including the ability to access information, healthcare, shelter and protection services.[27]

Education: Enhancing learning, inclusion and retention

Access to education is one of the most critical areas from which women and girls are excluded, especially in rural, Indigenous and low-income settings. Assistive technology such as screen readers, hearing devices and accessible learning platforms enables students to engage with curriculum, communicate with peers and pursue higher education: opportunities that are frequently denied to girls with disabilities in remote or underserved areas. Globally, 40 per cent of children with disabilities in LMICs are out of primary school, and 55 per cent are out of lower secondary school.[28] Even when enrolled, completion rates reflect stark inequalities: just 41.7 per cent of girls with disabilities complete primary education, compared to 50.6 per cent of boys with disabilities and 52.9 per cent of girls without disabilities.[29]

These disparities accumulate over time. The earlier a child receives appropriate assistive technology, the greater the impact it can have in their life, helping them to make educational gains, reducing dropout and leading to progressively greater inclusion in later schooling and employment opportunities.[30]

Employment and economic participation

In the workforce, assistive technology is an important facilitator of participation in both formal and informal economies, supporting everything from agricultural labour to home-based microenterprises, to employment in multinational organizations.

27. UNDRR and ATscale Global Partnership for Assistive Technology 2025.
28. UNICEF 2021b; WHO and World Bank 2011
29. Humanity & Inclusion 2025.
30. Botelho 2021.

Yet women are disproportionately represented in the informal sector. Nearly 60 per cent of women's employment globally occurs in informal work, and this rate rises to 74 per cent in sub-Saharan Africa and 80 per cent in South Asia.[31] Women with disabilities face substantially lower employment rates and are nearly three times less likely to be employed than men without disabilities, compounding economic exclusion.[32] When assistive technology is made available for employees who require its use, it allows them to perform job tasks more efficiently, communicate effectively, navigate the environment safely and participate in professional development opportunities. The cascading extends beyond individual users to their families, workplace environments and society, reducing poverty levels while improving workforce retention, decreasing absenteeism and contributing to economic growth.[33] It is estimated that investing in assistive technology for everyone who needs it would generate more than USD 10 trillion in economic benefits over the next 55 years, representing an approximate USD 9 in returns for every dollar invested.[34]

For Indigenous women and women in rural or marginalized communities, culturally appropriate and locally adapted assistive technology can strengthen economic agency, mobility and community participation. When made accessible across geographies and tailored to individual and cultural contexts, assistive technology becomes a powerful enabler of autonomy, mobility and economic inclusion.

Reproductive health, pregnancy, early motherhood and older age

Assistive technology plays a vital role in supporting women's reproductive health, during and after pregnancy, as well as early motherhood, supporting women and new mothers to make decisions about their bodies while strengthening their identities as mothers and caregivers.

31. UN Women Undated. "Facts and Figures: Women's Economic Empowerment."; Women for Women International 2023.

32. WHO and UNICEF 2022, p. 36

33. ATscale and ILO 2025

34. Atscale 2021.

These technologies range from low-tech supports, such as compression socks that help with circulation and grab bars that help with mobility, to more high-tech tools such as breast pumps and monitoring devices that allow new mothers a level of independence once their baby is born.[35] For women experiencing mobility, sensory or cognitive limitations – whether long-term or temporary due to pregnancy-related conditions – assistive technology support safer, more autonomous navigation of daily tasks and healthcare systems.

Box 1. Artificial intelligence as assistive technology

AI has the potential to transform reproductive and maternal health, especially for women with disabilities. Women with disabilities frequently encounter barriers to accessing essential maternal health services due to low literacy, poverty, inaccessible facilities and negative attitudes towards their sexuality or parenthood. AI-powered solutions offer new possibilities to bridge these gaps. For example, virtual chatbots can deliver personalized pregnancy-related information, while sign-language translation tools and remote consultation platforms improve communication with healthcare providers and reduce the need for travel, and predictive health models can help develop individualized care plans, supporting independent decision-making.

Sources: Omokhabi, U.S., B.S.U. Erumi, M.A. Omilani and A.A. Omokhabi. 2025. "Empowering Women with Disabilities: AI-Driven Reproductive Health Solutions." ShodhAI: Journal of Artificial Intelligence 2 (1), pp. 40–48; Bolarinwa, O., A. Mohammed, V. Igharo and S. Shongwe. 2025. "Leveraging Artificial Intelligence for Inclusive Maternity Care: Enhancing Access for Mothers with Disabilities in Africa."

Postnatally, adaptive feeding tools, ergonomic carriers and communication devices can assist new mothers in caring for their children while reducing physical strain and fatigue.[36] In settings with limited access to maternal health services, mobile-based assistive technology and AI-enabled tools can provide life-saving information and remote support, empowering women to manage their reproductive health and early parenting with greater confidence and independence.[37]

Assistive technology can also support older women to enjoy longer, healthier lives, while delaying or preventing the need for long-term care. Memory aids, hearing aids and mobility aids improve independence and promote greater social inclusion.

35. Motherly Editors 2024.

36. McGuinness et al. 2025

37. Mohammed, Igharo and Shongwe 2025.

Digital and social inclusion: Strengthening connection, safety and leadership

Assistive technology can play a transformative role in reducing social isolation and fostering inclusive community networks for women and girls. When combined with accessible digital services and e-government platforms, assistive technology enables women to manage essential tasks more independently, particularly when supported by digital skills training and hybrid service-delivery models.

Social media platforms, online advocacy campaigns and dedicated networks – for example, the United Republic of Tanzania's[38] Digital Advocacy for Youth with Disabilities and India's SHEROES platform for women – also provide opportunities for connection, peer supports, awareness-raising and collective action.[39] Assistive products that enhance communication – including hearing aids, closed captioning and social assistive robots – have been shown to strengthen social support systems, improve interpersonal relationships and mental well-being, and promote participation in community life.[40] By increasing visibility and enabling women to communicate on their own terms, these tools help challenge stigma rooted in perceptions of dependency, invisibility or limited agency. Digital access allows women and girls to share experiences, build collective identities and assert their rights publicly, reducing social isolation and countering harmful stereotypes. This increased connectedness also contributes to safety by expanding access to information, support networks and reporting mechanisms. It can also facilitate alerts and enable women to seek help or protect themselves from violence. In this way, accessible digital technologies can both reduce stigma and strengthen women's capacity to prevent, respond to, and recover from violence, while supporting civic engagement and leadership.[41]

38. Henceforth Tanzania.

39. OHCHR 2025.

40. Mc Guinness et al. 2025.

41. Tiwari and Marisport 2024.

Finally, beyond social participation, assistive technology also plays a critical role in enabling access to justice for women and girls. Accessible communication tools, digital platforms and information technologies allow women to understand their rights, report violence or discrimination, engage with police and judicial systems, and participate meaningfully in legal and administrative processes that would otherwise be inaccessible.[42]

Caregiving: Reducing the disproportionate burden on women and girls

Assistive technology also plays a critical role in reducing the caregiving responsibilities that are disproportionately borne by women and girls. Primary caregiving roles for family members are associated with higher rates of psychological stress, depression, social isolation, significant physical strain and financial pressure, often limiting women's ability to engage in remunerated work, education or public life.[43]

Women frequently experience time scarcity, driven by the competing demands of paid work and unpaid care. This further undermines women's health, limits leisure and recovery, and reduces the time available for essential activities such as exercise, healthy eating and social connection.[44] Assistive technology can help alleviate these burdens in two complementary ways: 1) by enabling women who require assistive technology to perform daily activities more independently; and 2) by reducing the intensity of caregiving when family members who require support gain access to appropriate assistive technology. In both cases, assistive technology can lessen the physical demands, lower stress and anxiety, and decrease the time and energy required to assist with daily activities such as dressing, bathing, transferring and mobility.[45]

42. McVeigh 2025.

43. Thrush and Hyder 2014.

44. Strazdins et al. 2011.

45. Madara Marasinghe 2016

These caregiving pressures are further intensified in conflict-affected settings, where displacement, conflict-related injuries and services disruption increase reliance on unpaid care burdens for women and girls. Evidence from country consultation (in Palestine) highlights how integrating gender-responsive assistive technology into rehabilitation and community-based protection services can reduce unpaid care work and support women's well-being.[46]

Ensuring real impact: The need for a strong assistive technology ecosystem

These examples demonstrate how assistive technology is a powerful enabler and tool for bodily autonomy, economic agency and reproductive health. However, maximizing its benefits requires a functioning assistive technology ecosystem – effective outcomes require appropriate assessment, proper training, user-centred design, individual customization, reliable maintenance and repair services, and supportive environments, including family, friends and professionals. Even among individuals with similar needs, the same assistive technology may not be equally effective, underscoring the importance of person-centred and gender-responsive approaches to provision.

President of the Association of Disabled Women of Nampula, who is using a wheelchair, is giving a speech during the launch event of the 16 Days in Mozambique, 2024.

Photo:UN Women/Iva Monteiro

46. UN Women Palestine Country Consultation for the Gender and Assistive Technology Policy Brief, November 2025.

5 Barriers for women and girls in accessing assistive technology

Despite international commitments to gender equality and disability rights, significant barriers remain for women and girls in accessing assistive technology. These barriers are not random but rather systemic. They are deeply embedded within the structures that shape assistive technology access and reflect persistent gaps across policy, financing, service-delivery and social norms.

Developed by the WHO GATE initiative to map assistive technology ecosystems, the 5P framework (People, Products, Provision, Personnel and Policy) provides a people-centred lens for analysing how policy environments, product supply, service-delivery systems, skilled personnel and user participation interact to shape outcomes.[47] Within this framework, "People" refers to social norms, lived experiences and power relations shaping demand, uptake and use of assistive technology, while "Products," "Provision," "Personnel" and "Policy" examine supply-side and system-level determinants of access.

The following section applies the 5P framework to examine how gender inequities persist in assistive technology systems, drawing on survey responses, lived experiences and a growing body of research. By doing so, it highlights urgent areas for reform to ensure that assistive technology systems are inclusive, gender-responsive and empowering for women and girls across diverse contexts.

5.1 People: The gendered realities of assistive technology access

The lived experiences of women and girls reveal how societal norms, caregiving responsibilities, economic exclusion and restricted mobility impact their access to assistive technology. These barriers stem from societal attitudes that devalue both disability and gender, producing intersecting forms of discrimination in which gender-based inequality intersects with disability-related stigma. This compounded exclusion affects women's and girls' confidence, safety and decision-making around assistive technology use.[48] Stigma surrounding disability and assistive device use reinforces harmful perceptions and deepens social and professional discrimination. One female respondent from Guatemala noted that women and girls are often not seen as priority groups, and that the use of assistive technology may even increase their vulnerability to stigma or violence: "First of all, they need to be aware that these tools exist.

47. WHO Undated. Global Cooperation on Assistive Technology (GATE).

48. Rohwerder 2018.

They have limited resources to afford these tools; usually women or girls suffer discrimination, they're not seen as priority groups and assistive technology may increase their vulnerability".[49] Another respondent from the Pacific highlighted how violence within the household can directly prevent women's access to health and assistive services.

Fear of judgment, harassment or exclusion leads many to avoid using assistive technology in public spaces. Older women may reject assistive devices out of fear of appearing frail or dependent, while girls may leave their assistive product at home to avoid bullying at school.[50] These dynamics contribute to underuse and delayed uptake, even when assistive technology is available.

Stigma also affects women's economic participation. Seventy per cent of survey respondents agreed or strongly agreed that women who use visible assistive technologies face greater discrimination in the workplace, reinforcing barriers to employment, career progression and leadership.

Age-based discrimination also intersects with gender and disability, compounding exclusion for older women and older persons.[51] Older women often have higher assistive-technology needs due to age-related functional changes, yet they are frequently excluded from assessments, community programmes and decision-making spaces that shape assistive technology policy and service design. Feedback from the country consultation in Ukraine highlighted that older women, including those with disabilities, face heightened barriers to mobility, digital literacy and access to health and rehabilitation services, while remaining largely absent from assistive-technology governance and planning processes.[52]

Limited awareness of assistive technology further restricts access and uptake. Respondents noted that many individuals are unaware of who can benefit from assistive technology or what types of products and services exist. In some cases, conditions like dyslexia and albinism remain undiagnosed or misunderstood.

49. Female respondent from Guatemala, to UN Women and ATscale 2025. Assistive technology questionnaire (individuals).

50. Barbareschi et al. 2021, p. 4272; AbilityPath 2011.

51. Parette and Scherer 2004.

52. Feedback from the "Country Consultation on Gender and Assistive Technology," Ukraine session, 8 December 2025

As one respondent in Fiji noted: "Sometimes their conditions are undiagnosed, so we don't even get to know what the true needs are. For example, in some communities, dyslexia is unheard of."[53]

Meanwhile, stigma associated with disability may lead to isolation, delayed diagnosis or denial of services. According to a respondent in Tanzania: "Some communities in Tanzania are vested in stigma, which often leads to isolation and denial of access to services or technologies. In some communities, children with disabilities still face social stigma and exclusion, which results in them being kept out of public view and denied opportunities for full participation in family and community life. This is particularly evident in cases involving children with albinism or those with psychosocial disabilities, who still face compounded discrimination and isolation."[54]

Together, these gendered social norms, power imbalances and forms of stigma translate into unequal access to assistive technology for women and girls, shaping who seeks services, who is prioritized and who ultimately receives support. Even where assistive technology services exist, these factors can prevent women and girls from accessing them on equal terms

5.2 Products: Availability, design and cost barriers

Despite its essential role in education, employment and health, assistive technology remains largely unaffordable for many who need it, particularly women and girls. Cost is consistently cited as one of the most significant barriers to access, and the systems through which assistive technology is financed and delivered frequently reinforce existing inequities. Approximately, two-thirds of assistive technology users in LMICs obtain their devices through the private sector, meaning that the individuals who can least afford them are often required to pay out-of-pocket.[55] With high import tariffs, low economies of scale, weak regulation and restricted competition, prices remain prohibitively high, placing essential assistive technologies beyond reach for many women and girls.[56]

53. Female assistive technology user from Fiji, to UN Women and ATscale 2025. Assistive technology questionnaire.

54. Female respondent from Tanzania, to UN Women and ATscale 2025. Assistive technology questionnaire (individuals)

55. WHO and UNICEF 2022; ATscale and Clinton Health Access Initiative 2025.

56. Albala et al. 2021

Although survey findings are illustrative rather than representative, 32 per cent of assistive technology users reported needing financial assistance to obtain their devices, while 41 per cent of users who could benefit from assistive technology (but did not own it) cited cost as the primary barrier preventing their access. This represents a failure of both market systems and public financing mechanisms to ensure equitable access. Where assistive technology is not subsidized or covered by insurance or social protection, financial burden falls on the individuals least able to afford it, often reinforcing cycles of poverty and exclusion and disproportionately affects women and girls. One respondent from India noted that without comprehensive health insurance coverage, women are excluded from financial safety nets and are left to cover all medical and assistive technology-related expenses themselves. Even when public financing schemes cover assistive technology, they may only cover a small subset of assistive technologies that do not adequately cover all needs. For example, while the WHO recommends a broad range of priority assistive devices, some national programmes subsidize only the most basic options. According to an assistive technology user from Georgia: "For persons who are blind or persons with visual impairments, the State currently subsidizes only the purchase of a white cane. Among the 50 priority assistive devices recommended by the World Health Organization to meet the diverse needs of persons with different types of disabilities, Georgia's State programmes still do not cover audio, tactile or speech-based assistive devices for persons who are deafblind, including DAISY players."[57]

Gendered economic inequalities further compound these barriers. Women and girls face higher unemployment, lower earnings, reduced access to formal credit systems and limited decision-making power over household expenditures.[58] Even when resources exist within the household, women may not be prioritized for assistive technology.[59] One female respondent from India described how medical and financial choices were dominated by men, excluding women from decisions about their own care: "In India, women and girls face layered and intersectional barriers in accessing assistive technology, rooted in both gender and disability-based discrimination. Socially, women with disabilities are often viewed as a burden: unmarriageable, dependent and stripped of respect within their families and communities.

57. Assistive technology user from Georgia, feedback from the Georgia Country Consultation on Gender and Assistive Technology, held in November 2025.

58. UN Women 2017.

59. Orellano-Colón et al. 2024.

When a woman begins to use assistive technology, the stigma can intensify. She is rarely part of decision-making about her own health or rehabilitation and often has to either break social norms to advocate for herself or silently bear the weight of those expectations. This emotional toll cannot be understated."[60] Another respondent, from Botswana, said she only accessed assistive technology as an adult: "Children mostly depend on their caretakers to buy them assistive technology and in my experience as someone who grew up in poverty, I had never had access to the assistive technology I am currently using."[61]

Product design in assistive technology frequently reflects gender bias, with many devices developed around dominant user profiles that assume male, urban and physically able-bodied norms.[62] As a result, assistive technologies are often poorly fitted, uncomfortable, unsafe or impractical for women's daily realities. Products may fail to account for female anatomy, reproductive health needs, caregiving responsibilities or the environments in which women live and work, leading to reduced usability, low adoption and early abandonment.[63] These design gaps are particularly evident in relation to caregiving. Assistive technologies that do not accommodate tasks such as lifting, carrying or supporting dependents can be unsafe or unusable for women who provide care, reinforcing trade-offs between meeting their own assistive technology needs and fulfilling family responsibilities. Reflecting these pressures, 67 per cent of survey respondents agreed or strongly agreed that mothers often sacrifice their own assistive technology needs for other family members. These dynamics are especially acute for single mothers, adolescent girls and older women.[64]

Furthermore, women's limited participation in assistive technology innovation, procurement processes and policymaking contributes to these gaps. As a result, women and girls face a dual barrier: products that are financially inaccessible and products that do not meet their needs even when available. When women – particularly women with disabilities – are excluded from product development and decision-making processes, assistive technologies are less likely to reflect their priorities, preferences and safety concerns.

60. Female respondent from India, to UN Women and ATscale 2025. Assistive technology questionnaire (individuals).

61. Female respondent from Botswana, to UN Women and ATscale 2025. Assistive technology questionnaire (individuals).

62. McGuinness et al. 2025.

63. Alvaro 2025; McGuinness et al. 2025.

64. Toly et al. 2019.

5.3 Provision: Systems and services that exclude women and girls

Access to assistive technology is deeply dictated by the structures through which services and devices are delivered or, more often, withheld. In many low-resource and rural settings, the physical journey to obtain assistive technology can be long, expensive and inaccessible.[65] One female respondent from Namibia who uses a wheelchair remarked: "It took months to get hold of it [the wheelchair]." Poor infrastructure, limited transport options and safety concerns disproportionately affect women and girls, who may also face restrictions on movement due to social norms or caregiving responsibilities. These mobility barriers are often compounded by limited access to information about available services, exclusion from social protection or referral systems, shortages of female service-providers and gender-blind service-delivery approaches that fail to account for women's specific constraints.

Public assistive technology services are often inaccessible and insufficiently responsive to the realities faced by women and girls. Assessments, fittings, repairs and follow-up services may be unavailable outside major urban cities.[66] Women in rural or remote areas are therefore more likely to face long and costly travel, male-dominated service environments or reliance on informal intermediaries, all of which can deter access. Several respondents described how the lack of availability of assistive technology in their home countries meant devices were sometimes purchased from abroad without proper measurements or customization. For example, a wheelchair-user from the Republic of Moldova said: "Because the wheelchair was ordered from Germany, I had to take the measures by myself and I couldn't try the wheelchair before procuring, as I didn't have the financial possibility to go directly to Germany. So, all the measures have been provided based on my own judgement and not taken by a professional."[67] These challenges reflect broader system-level failures, including underresourced service-delivery systems, inconsistent protocols and procurement practices that prioritize cost over usability.

65. Mulat Addis, Britton and Davies 2016.

66. Weerasinghe et al. 2015

67. Female AT user from Republic of Moldova, to UN Women and ATscale 2025. Assistive technology questionnaire (individuals).

Box 2. The Marrakesh Treaty

The Marrakesh VIP Treaty, administered by the World Intellectual Property Organization (WIPO), promotes global access to published works for people who are blind, visually impaired or print disabled. It grants exceptions in national copyright laws that allow accessible format books to be produced and shared across borders. WIPO's Accessible Books Consortium supports implementation by training NGOs, funding accessible educational materials and operating the Global Book Service, which now offers over 1 million accessible books for exchange between countries.

Sources: WIPO. 2025. "Summary of the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled." Accessed 2 November 2025. https://www.wipo.int/treaties/en/ip/marrakesh/summary_marrakesh.html; WIPO. 2024. "WIPO's Accessible Books Consortium Hits One Million Titles with Royal National Institute of Blind People Partnership," 2 July. Accessed 2 November 2025. https://www.wipo.int/en/web/abc/w/news/2024/wipo-s-accessible-books-consortium-hits-one-million-titles-with-royal-national-institute-of-blind-people-partnership.

In some countries, State-provided devices are poorly designed, while restrictive or discriminatory eligibility criteria further limit women's access to essential mobility aids. As one respondent noted: "In Georgia, State-funded mobility aids for persons with mobility impairments – including both mechanical and electric wheelchairs – are often heavy, impractical and low quality, limiting users' independent movement. Additionally, eligibility criteria for electric wheelchairs require individuals to have simultaneous mobility and upper-limb function impairments, a requirement widely regarded by persons with disabilities as discriminatory."[68]

These barriers are compounded by costly repairs and inaccessibly built environments, which disproportionately restrict women's mobility, increase safety risks and limit participation in public life. According to and AT user from India: "From an infrastructure standpoint, most public and private buildings may appear accessible on paper, but in practice, they are not designed with users like me in mind. Ramps are often too steep or uneven, and walkways are broken or cluttered. So, while accessibility may be technically 'ticked off,' it is rarely functionally usable, especially for amputees using prostheses. The financial burden is equally heavy. I use a high-mobility-grade prosthesis to support an active lifestyle, and with that comes frequent wear and tear. Regular servicing, component replacements and alignment adjustments are all costly, and none of this is covered by insurance in India."[69]

68. Female AT user from Georgia, feedback from the Georgia Country Consultation on Gender and Assistive Technology, held in November 2025.

69. Female AT user from Georgia, feedback from the Georgia Country Consultation on Gender and Assistive Technology, held in November 2025..

Even when services exist, access depends on formal service pathways that can be opaque or biased. Forty-one per cent of respondents agreed or strongly agreed that girls in their communities were less likely than boys to receive expensive assistive technology.[70] Prescriptions, medical certifications or insurance approvals are often required, yet women and girls face structural discrimination at each stage of these processes.[71] One AT user from the United States of America described such barriers and gatekeeping as leading to longer delays and more obstacles:

"The bureaucratic maze of navigating home adaptations also disproportionately impacts women and girls; from frustrating and opaque processes to get the devices they need to the ability to use them in ways that are appropriate. For instance, women and girls tend to be a different size and we tend to do different activities to men and boys, but the assistive technology women and girls receive is unsuitable, with hand-me-down mobility devices failing to meet their specific functional requirements. In lower-income communities, a simple lack of service-providers erects a greater barrier for women and girls than men and boys when they have less access to free time, transport and resources… The very mechanisms of obtaining AT – prescription and provision – are riddled with gender bias. Men and boys are more likely to receive prescriptions for vital aids like incontinence alarms and prosthetics, often experiencing shorter wait times. Women and girls face greater gatekeeping from healthcare-providers and endure frustrating delays navigating insurance processes. The ability to even advocate for their needs can be hampered by financial dependence, perpetuating existing gender inequalities."[72]

A consequential barrier arises from gendered assumptions about economic roles. In many contexts, men and boys are prioritized for assistive technology because they are perceived as primary income-earners, while women are expected to remain at home or assume caregiving roles. Respondents noted that this norm shapes allocation decisions across health, education and social service systems, resulting in the systematic deprioritization of women's needs.

These power imbalances can also create conditions for exploitation. A representative from an NGO in Kenya shared that when assistive technology distribution is controlled by male-dominated institutions, women may face coercive expectations, including demands for sexual favours in exchange for access to devices and services

70. Orellano-Colón et al. 2024; Botelho 2021.

71. Ibid.

72. Woman AT user, United States of America, to UN Women and ATscale 2025. Assistive technology questionnaire..

Such practices reflect extreme abuses of authority within poorly regulated delivery systems and underscore the risks women face when access pathways lack transparency, accountability and gender safeguards.

Box 3. Menstrual tracking apps raise user privacy concerns

Although playing an increasingly important role as an assistive technology, AI creates a growing concern for the privacy of user's personal information. One example comes in the form of apps that help women track their menstrual cycles. Cycle-tracking applications are part of a growing market of applications focused on promoting women's health and well-being: femtech. While cycle-tracking applications can provide women with urgently needed knowledge related to their menstrual cycles, predictions on fertility windows, and serve as an information hub on all things related to menstrual health, these same apps collect large amounts of personal data that are commercially valuable. Beyond the potential for companies to use this information for price inflation and targeted marketing, this same information can be used for workplace monitoring, health insurance discrimination or to undermine women's abortion access.

Source: Felsberger, S. 2025. The High Stakes of Tracking Menstruation. Minderoo Centre for Technology and Democracy. https://www.mctd.ac.uk/femtech-high-stakes-tracking-menstruation/.

Fragmentation between sectors such as health, education and social protection further compounds these risks. Disconnected systems create opaque service pathways, delay provision and weaken oversight, making it more difficult to detect discrimination, prevent abuse or ensure continuity of care. Taken together, these layered failures do not merely limit access to assistive technology; they actively reinforce gender inequality and expose women and girls to heightened harm.

5.4 Personnel: Gaps in gender-responsive training and representation

Assistive technology provision relies on a wide range of personnel, including clinicians, rehabilitation professionals, teachers, technicians, assessors and community-based workers. However, many lack training in gender-responsive and rights-based approaches, in relation to the diverse needs of women and girls.

These gaps are particularly pronounced for less visible or cognitive-related disabilities, which are frequently excluded from assessments.[73]

The shortage of female professionals compounds the issue, as women and girls may prefer or require gender-congruent care but are unlikely to access it: this reflects a broader systemic inequities in which women face barriers to entering professional training pathways, including limited career progression, gender-insensitive recruitment systems, unsafe or inaccessible workplaces, and social norms that discourage women's participation, especially in leadership and technical roles.[74] The country consultation in Ukraine highlighted that workforce gaps are also reinforced by gendered caregiving responsibilities; as many women who wish to enter professional careers or leadership roles are unable to do so because childcare is inaccessible, unaffordable or unavailable, limiting their participation in training, employment and decision-making spaces.[75]

Survey respondents noted that professionals frequently misunderstand or overlooked the specific needs of women and girls, especially in school or work settings. For example, respondents noted that assistive technologies related to menstrual management or fatigue support are often overlooked in assessments, based on assumptions that such needs fall outside the scope of assistive technology provisions, despite their clear impact on school attendance and workplace participation. These omissions can directly affect school attendance, workplace participation and health outcomes. Without appropriate training, these professionals may fail to prescribe or support the use of assistive technology effectively. This lack of trained personnel also limits meaningful representation. Women with disabilities remain underrepresented in the professional, regulatory and policymaking spaces that shape the assistive technology ecosystem.[76] Their exclusion from these spaces perpetuates systems and products that do not reflect women's lived realities, priorities or safety concerns.

73. WHO and UNICEF 2022.

74. OHCHR 2025.

75. Feedback from the Country Consultation on Gender and Assistive Technology, held with representatives from Ukraine, 8 December 2025.

76. UN Women 2017; MacLachlan et al. 2018.

5.5 Policy: Gaps in evidence, design and accountability

Despite the growing recognition of the potential of assistive technology, access remains highly uneven due to fundamental gaps in data, knowledge, policy design, governance, programme infrastructure and political will. Organizations participating in the Assistive Technology Questionnaire highlighted the most significant barriers to assistive technology provision in their regions: high cost (87 per cent), lack of awareness (61 per cent), low digital or technical literacy (51 per cent), policy gaps (51 per cent), few suppliers (40 per cent), lack of training (40 per cent) and gender-based access barriers (38 per cent).[77]

Evidence and data gaps

Research and data systems on assistive technology have long overlooked the experiences of women and girls, particularly those with intellectual, communication or multiple disabilities.[78] Data disaggregation is a critical gap: the absence of systematically sex-, age-, disability- and geography-disaggregated data limits policymakers' ability to identify who is being left behind and why.[79] In many countries, even the basic data on disability prevalence and assistive technology need remains unknown or undifferentiated, undermining evidence-based planning, budgeting and accountability.

Policy design and priority-setting gaps

Product design and priority-setting processes frequently reflect narrow or incomplete understandings of assistive technology needs. Product development decisions are often based on dominant user profiles – typically men with physical impairments – while the needs of women, rural users, older persons and culturally diverse communities remain unmet and underprioritized.[80]

77. UN Women and ATscale 2025. Assistive technology questionnaire (organizations).

78. Boot et al. 2021.

79. Danemayer et al. 2023; Pynnonen and Yarrow 2024.

80. Barbareschi et al. 2019; UNICEF 2022.

Assistive products for caregiving or menstrual health, for example, are rarely included in national priority, despite their importance to women's daily lives.[81] Funding similarly tends to gravitate towards highly visible devices, rather than lower-tech solutions that may be equally essential to women's lives.

These deficits reflect broader shortcomings in policy frameworks governing assistive technology, which frequently lack integration across sectors and meaningful participation by women and girls in decision-making. As a result, assistive technology is often treated as a narrow health intervention rather than a cross-cutting enabler of rights, autonomy and participation. Policymakers often lack first-hand knowledge of the assistive technology ecosystem, resulting in policies that are disconnected from lived experience and insufficiently responsive to women's needs.

Regulatory and governance weaknesses

Fragmented governance structures spread across ministries and agencies – health, education and social protection systems – create bureaucratic delays, unclear mandates and weak accountability, making it difficult for women and girls to navigate pathways to obtain assessments, devices or follow-up services. Accessibility regulation remains inconsistent: physical accessibility standards are poorly enforced in many countries, and digital accessibility remains largely unregulated, with only a small fraction of websites complying with accessibility standards.[82]

Financing mechanisms

Underdeveloped financing systems further restrict equitable access. Assistive technology is often imported from abroad, with import duties, taxes, shipping costs and retail margins driving up prices to as much as 500 per cent of the factory cost.[83] Few countries offer subsidies or pooled procurement mechanisms, and those that do often fail to target women and girls.[84] The absence of gender-responsive financing perpetuates out-of-pocket expenditure and reinforces existing inequalities.

81. Geller, Koch and Pellettieri 2011.

82. OHCHR 2025; Weerasinghe et al. 2015; W3C 2023.

83. ATscale and Clinton Health Access Initiative 2025.

84. GSMA 2021.

Digital inclusion and safety

Digital inclusion initiatives frequently overlook gender disparities in digital access and literacy, especially among women in rural or low-income communities. These gaps leave women and girls more vulnerable to technology-facilitated gender-based violence (TF GBV), including online harassment, cyberstalking, surveillance, non-consensual sharing of images or information, and online sexual exploitation and abuse.[85] One OPD in Rwanda highlighted that without foundational digital skills and access, even available technologies remain irrelevant and inaccessible: "Gender norms compound these challenges: women often lack decision-making power over technology, face gatekeeping by husbands or male relatives, and may experience risks (social or domestic) if they own devices. Additionally, lower levels of education, literacy and Internet use among women widen the digital divide and hinder AT uptake."[86] Policy frameworks that fail to integrate digital safety, privacy and accessibility considerations risk exposing women and girls to new forms of harm.

Box 4. Lack of access to assistive technologies amid the conflict in Palestine

The crisis in Palestine, including Gaza and the West Bank, shows how the absence of assistive technology in humanitarian planning places women and girls with disabilities at severe risk. Displacement, destroyed homes and failing infrastructure separate many from essential devices, while damaged roads and shelters limit the safe use of those that remain. Frequent Internet outages, electricity shortages and pervasive surveillance further restrict digital participation, cutting women off from online assistive tools, telehealth and vital information – especially those who rely on communication aids or screen readers for safety and autonomy. Conflict conditions have also created a rapidly expanding need for mobility devices, communication supports and rehabilitation, overwhelming fragile systems. Women and girls face intersecting risks, including greater exposure to gender-based and technology-facilitated violence with fewer safe reporting channels. Insights from the Palestine consultation stress that reconstruction and digital transformation must embed gender-responsive assistive technology access to ensure continuity of care and reliable, secure digital tools. Without this, future systems risk repeating the exclusions that have placed women and girls with disabilities in life-threatening conditions.

Sources: Moriarty, A. 2025. "Israel's Attacks on Gaza Are Putting People with Disabilities at Extreme Risk." The Conversation. 24 August 2025; Human Rights Watch. 2025. Submission to the UN Committee on the Rights of Persons with Disabilities: The Situation of Persons with Disabilities Affected by Armed Conflict in Gaza and the West Bank. 10 July; UN Women Palestine Country Consultation on Gender and Assistive Technology, 2024.

85. UNICEF 2022.

86. OPD respondent from Rwanda, to UN Women and ATscale 2025. Assistive technology questionnaire (organizations).

Assistive technology in crises and conflict-affected settings

Crisis and conflict contexts magnify all existing inequalities in assistive technology access. Disruptions to connectivity, infrastructure, and essential services can severely restrict access to assistive technology.[87] Armed conflicts and natural disasters often destroy or separate individuals from their devices, disrupt supply chains and render electricity-dependent tools, such as communication aids, ventilators or power wheelchairs, unusable during prolonged outages. Inaccessible shelters, damaged roads, rubble and unsafe environments can make even intact devices ineffective, preventing women and girls with disabilities from evacuating safely or reaching relief services.[88] Crises also generate new populations in need of assistive technology, as conflict-related injuries, traumatic amputations and mass disabling events overwhelm already fragile rehabilitation and health systems. In such contexts, women and girls with disabilities face intersecting risks, including heightened exposure to gender-based violence and TF GBV, underscoring the need for crisis-responsive, gender-transformative digital inclusion and assistive technology strategies.[89]

Consequences of policy inaction

Without inclusive planning, cross-sector strategies and mechanisms to monitor gender-responsive implementation, assistive technology will remain marginalized, along with the millions of women and girls who rely on it.

A Syrian refugee woman with glasses working in her small home appliances shop in Jordan.

Photo: UN Women/ Christopher Herwig

87. UNDRR and ATscale Global Partnership for Assistive Technology 2025.

88. Moriarty 2025.

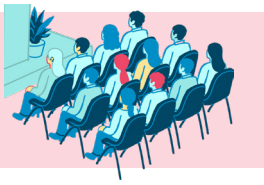
89. Bista and Sharma 2019.

6 Policy recommendations

Achieving equitable access to assistive technology for women and girls requires commitment at multiple levels, coordinated action across sectors, dedicated financial investments and consistent progress monitoring. Many of the most powerful steps to promote better access to assistive technology globally require both top-down and bottom-up efforts, in which international agencies support norm-setting, share guidance and coordination that national governments can use to shape policy, while academia, NGOs, civil society organizations (CSOs) and the private sector provide the research and on-the-ground evidence and solutions that inform national actions.

The following recommendations draw on the literature review, survey findings and country consultations. These recommendations correspond to the 5Ps framework outlined in Section 6 by addressing barriers related to People, Products, Provision, Personnel and Policy, and by proposing actions that strengthen each dimension of a gender-responsive and gender-transformative assistive technology ecosystem. To be effective, these actions must go beyond expanding access to existing systems and focus on transforming those systems, redistributing power and investing in the leadership of women and girls.

6.1 Recommendations for international agencies and partners



International organizations, including UN agencies, donors and intergovernmental and multilateral initiatives, have a key role in coordinating global data, financing and technical support to advance inclusive and gender-responsive assistive technology ecosystems. Their engagement must be grounded in human rights frameworks, including the CRPD, CEDAW, and humanitarian and disaster-risk-reduction commitments such as the Sendai Framework, ensuring that assistive technology access is understood as essential to gender equality and the full realization of rights.

Key recommendations

- **Advocate for international treaties or commitments that support equitable assistive technology ecosystems:** Promote the development of global frameworks and commitments that strengthen international cooperation around **quality, safety, affordability and inclusive design in assistive technology**. Building on existing international instruments and good practices, such as the Marrakesh VIP Treaty, such commitments could include the elimination of tariffs and taxes on imported assistive technology, promoting universal design principles, developing interoperable technical standards (e.g., charging ports) and strengthening international quality-assurance systems. To advance gender equality, these frameworks should explicitly require the meaningful inclusion of women and girls in the policy design, development, monitoring and implementation processes, and ensure that any standards adopted reflect their diverse needs across the life course.

They should also require States to address discriminatory norms and ensure full accessibility across public information systems, services and markets.

- **Strengthen gender-responsive policy and data support for governments:** Provide technical assistance and tools to support national governments in integrating gender equality into assistive technology policies, data systems and regulatory frameworks. Support the development of inclusive priority assistive product lists (APLs) that address the specific needs of women and girls, including older women and those with age-related functional limitations. Promote the integration of WHO's Rapid Assistive Technology Assessment (rATA) into national health and information systems, including disability data aligned with internationally recognized approaches such as the Washington Group Questions.

- **Support gender-responsive training:** Offer technical guidance, frameworks and gender-responsive training resources to strengthen national capacity to design, implement and monitor inclusive systems. This includes supporting governments to apply gender and intersectional analysis across policy design, service-delivery and workforce development, ensuring that women and girls, including older women and women with disabilities, are not excluded from programme design or implementation.

- **Strengthen gender, age and disability-responsive data and monitoring systems:** Align national assistive technology monitoring with global gender frameworks and advocate for the inclusion of assistive technology-related indicators within measures such as the Gender Inequality Index, where such dimensions are currently absent.[91] International agencies should ensure that global data frameworks, monitoring tools and technical guidelines explicitly incorporate gender, age and disability as intersecting dimensions of inequality, recognizing that women and older persons have distinct assistive-technology needs and face structural exclusion from programme design, service-delivery and digital assistive technology access.

90. WHO 2021.

91. UNDP 2024a.

- **Mobilize gender-responsive financing and investment:** Support the development of pooled financing mechanisms and global donor coordination that particularly address gender-related barriers to improve the affordability and availability of assistive technology in LMICs. Prioritize investments that meet the needs of women and girls – including those in rural, low-income, conflict-affected and climate-vulnerable areas – while also supporting local innovation ecosystems and women-led enterprises. Integrate assistive technology into broader sectors on health, ageing, social protection, disaster-preparedness and climate resilience, consistent with international commitments, including CRPD, CEDAW and the SDGs.

- **Integrate assistive technology into humanitarian preparedness, response, recovery and resilience frameworks:** Ensure that gender-responsive access to assistive technology is systematically included in humanitarian preparedness, emergency response and climate adaptation planning, in line with the Sendai Framework, the Inter-Agency Standing Committee Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action,[93] and the Charter on Inclusion of Persons with Disabilities in Humanitarian Action.[94] International actors should support governments to prioritize the assistive technology needs of women and girls, especially older women and children, in risk assessments, evacuation planning, shelter design and crisis-related service-delivery.

- **Coordinate data, evidence and monitoring:** Promote the collection and use of comparable, disaggregated data on assistive technology, broken down by sex, age, disability and location, and harmonize indicators for gender and disability inclusion. Build on existing global data initiatives, such as UNICEF's Multiple Indicator Cluster Surveys, UN Women's gender data initiatives, and the World Bank's disability disaggregation efforts, to integrate assistive technology access metrics.[95] Support the development of a shared global dashboard or data-sharing platform to track assistive technology access, investment gaps, progress on inclusion and accountability including statistics broken down by gender.

93. IASC 2019.

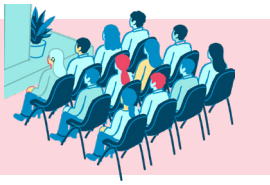
94. United Nations 2016.

95. UNICEF 2019.

This should include global scorecards that track access and the representation of women in assistive technology leadership and decision-making, affordability and financing commitments, and gender-responsive accountability measures.

- **Foster research and innovation:** Complement global assistive technology data monitoring efforts with dedicated funding for cross-country research on the socioeconomic impacts of assistive technology, particularly in relation to women's education, labour force participation and caregiving responsibilities. Promote open-source design, global technology transfer, and gender-responsive innovation to strengthen local ecosystems and ensure that assistive technology solutions are context-appropriate and inclusive. Ensure that digital assistive technologies and AI-enabled solutions incorporate privacy protections and safeguards against TF GBV, and that governments receive guidance on safe, secure implementation so that technical innovations do not expose women and girls to new forms of harm.

6.2 Recommendations for national governments



National governments play a central role in establishing policies, financing systems and institutional frameworks that enable equitable access to assistive technology. To ensure inclusion and advance gender equality, governments should systematically mainstream assistive technology into national health, education and social service systems, aligning national policies with global standards and human rights instruments.

Key recommendations

- Develop gender-responsive assistive technology policies and strategies with targeted goals and implementation monitoring: Develop or update national assistive technology strategies and action plans that are explicitly gender-responsive and gender-transformative, recognizing assistive technology as an essential enabler of rights, participation and autonomy. Integrate assistive technology provision across relevant legislation and recognizing it as an essential part of healthcare, education and social service-delivery.

National health-benefit packages under Universal Health Coverage should explicitly classify assistive technology as an essential health product, while social protection schemes should cover devices, maintenance, repair and replacement. Monitor assistive technology need and reach by developing measurable national targets for women and girls, supported by sex-, disability-, age- and location-disaggregated data-collection for tracking fair distribution, current trends and gaps in assistive technology provision.[96] This information is also critical for developing evidence-based strategies, policies and programmes. Integrate standardized tools, such as WHO's rATA and the Washington Group Questions, into routine national surveys and health information systems to collect population-based data.[97] Ensure meaningful participation of women and girl users of assistive technology and their representative organizations in national policymaking, coordination committees and monitoring processes. Their voices must shape the design, implementation and evaluation of any policy pertaining to assistive technology.

- **Develop and maintain inclusive priority assistive product lists:** Ensure that national APLs are developed through inclusive, consultative and iterative processes that reflect the diverse needs of women and girls from across the life course, including older women and older persons with age-related functional limitations.[98] APLs should include products that support caregiving, reproductive and maternal health, mobility, communication and safe participation in public life. Products should be context-appropriate, culturally relevant, affordable and designed for the environments where women and girls live and work, with attention to usability, repairability, durability and safety, especially in rural or underresourced areas. Policies should also address intersectional barriers faced by Indigenous, minority, rural and low-income communities by ensuring culturally adapted assistive technology solutions.

96. WHO and UNICEF 2022.

97. WHO 2021.

98. WHO 2023.

- **Strengthen gender-responsive procurement standards:** Revise national procurement policies to require that all publicly funded assistive products meet gender-responsive criteria related to usability, safety, fit, comfort and cultural acceptability for women and girls. Procurement processes should include user testing with diverse women and girls, including women with disabilities, incorporate universal design and ergonomic considerations, and ensure that imported or locally produced devices do not reinforce gender bias or exclude women with specific functional, anatomical, caregiving-related or age-related needs.

- **Strengthen service-delivery to address gender-related barriers in assistive technology access:** Embed assistive technology provision within accessible, culturally responsive and gender-aware service-delivery systems. This includes: integrating assistive technology services into primary healthcare and maternal or reproductive health services; expanding community-based and mobile outreach services in rural and remote areas; and training and recruiting female service-providers to increase comfort and uptake among women and girls. Service-delivery models should account for gendered barriers, such as mobility restrictions, caregiving responsibilities, and concerns about stigma or safety. Governments should establish integrated cross-sector referral pathways linking health, education, social protection, rehabilitation and employment services, ensuring that women and girls can access assessments, provision and follow-up support without bureaucratic delays or gatekeeping.

- **Ensure continuity of assistive technology in emergencies and crises:** Integrate assistive technology into national disaster-risk-reduction strategies, emergency preparedness and humanitarian response frameworks. Prioritize women and girls with disabilities, older women and individuals with high support needs in emergency assistive technology distribution, continuity-of-care arrangements and rapid assessment of lost or damaged devices. This includes ensuring that temporary shelters, humanitarian service points, schools and health facilities used during emergencies are accessible and equipped to support assistive technology users and maintain accessibility of essential services.

In conflict-affected settings, systematically involve women-led organizations and OPDs in humanitarian cluster coordination and early-recovery mechanisms to co-lead assistive technology needs assessments, service-mapping and monitoring. Strengthen training for emergency responders, disaster authorities, and rescue teams on gender-responsive and disability inclusive assistive technology provision.

- **Embed physical and digital accessibility standards as requirements in public systems and services:** Establish mandatory physical and digital accessibility standards across all public infrastructure, services and information systems, including health and education, while promoting universal design and WCAG compliance across sectors.[99] This ensures users are not hindered by inaccessible environments upon receiving assistive technology.[100]

- **Invest in sustainable financing and affordability mechanisms:** Provide subsidies, vouchers, age- or disability-sensitive benefits, or insurance coverage to reduce out-of-pocket costs for assistive technology. Allocate dedicated budget lines in national health, education, aging and social protection budgets.[101] Remove or reduce taxes, tariffs or import duties on assistive technology and related components.[102] Improve efficiency and accountability through centralized assistive technology procurement and distribution with clear gender-related performance indicators. This can be more effective than regional distribution and reduce misinformation or incorrect data handling.[103]

- **Build national capacity and expand a gender-balanced and gender-responsive assistive technology workforce:** Invest in training healthcare workers, educators, rehabilitation professionals, social workers and emergency responders on gender-responsive assistive technology provisions, identifying and addressing both conscious and unconscious biases that have led to the underprescription of assistive technology for women and girls.

99. U.S. Department of Labor, Office of Disability Employment Policy. Undated.

100. GSMA 2022.

101. WHO. Undated. "Assistive Technology: Indicator Metadata Registry (IMR Details 5674)." Accessed 17 August 2025.

102. ATscale, the Global Partnership for Assistive Technology and Clinton Health Access Initiative. 2025.

103. Chakraborty 2020.

Efforts should include targeted recruitment and support for training female service-providers, recognizing that in many contexts gender norms, safety concerns and restrictions on interaction with male providers can limit women's and girls' ability to access assessments, fittings and follow-up services. Increasing the availability of female providers can therefore be essential to ensuring equitable access, continuity of care, and informed decision-making for women and girls. Integrate standardized curricula and certified programmes for the provision, fitting and maintenance of assistive technology into national training systems. Address structural barriers that prevent women from entering or remaining in the assistive technology workforce by expanding childcare support, offering flexible training schedules and ensuring safe, accessible, and inclusive workplaces and opportunities to all. WHO's online resources on priority assistive products can serve as a useful foundation for such capacity-building efforts.

- **Strengthen coordinated assistive technology records to improve continuity of care:** Integrate assistive-technology-related information into existing national systems such as disability registries, social protection databases and health information systems to reduce fragmentations and avoid duplication of assessments for prescribers. Recognizing that women and girls may face greater obstacles to official documentation, systems should be inclusive, flexible and low-barrier, offering options such as assisted registration through community workers or paper-based user booklets. Strong privacy protections and gender-responsive safeguards, including for survivors of violence, are essential to ensure safe, equitable use of digital records.[104]

- **Promote national awareness-raising on assistive technology's benefits for women and girls across the life course:** Implement national awareness campaigns that highlight the benefits of assistive technology throughout childhood, schooling, employment, pregnancy, motherhood and in older age. Centre the voices of women and girls as empowered users, leaders and innovators. Include awareness-raising of mobile Internet and its added benefits as assistive technology.[105]

104. Maalim and MacLachlan 2022.

105. GSMA 2022.

Integrate assistive technology awareness into education, health and community programmes to build supportive environments within families, service-providers and community leaders to reduce stigma and increase uptake.

- **Promote local innovation to strengthen gender-responsive design, production and distribution:** Encourage local design, manufacturing and adaptation of assistive technology through partnerships with universities, start-ups, OPDs, women-led enterprises and innovation hubs. Provide incentives, subsidies or grants to stimulate domestic production and innovation, specifically for women-led businesses. Promote low-cost and low-tech solutions for rural areas and aging-related functional needs. Support community-based repair and maintenance services, prioritizing training and employment for women technicians and community health workers to create economic opportunities. Ensure that strong feedback loops exist between buyers and sellers, particularly female assistive technology users, to ensure product design aligns with local women's needs. Community-based rehabilitation models, such as training community health workers who understand local environmental, socioeconomic and familial contexts, can help bridge the gap between rural communities, hospitals, available government schemes or provisions and rehabilitation measures, while also mapping the supply and usage of assistive technology throughout a country.[105]

6.3 Recommendations for civil society, private sector and research institutions

CSOs, including OPDs and women-led organizations, are vital to advancing rights awareness and accountability. The private sector and academia are key engines for research, innovation, design and service delivery. Together, these actors can accelerate gender-responsive change by centring women and girls as leaders, not only beneficiaries, within assistive technology ecosystems.

105. Chakraborty 2020.

Key recommendations

- **Strengthen leadership and representation:** Shift from inclusion to meaningful leadership by ensuring women users of assistive technology, especially women with disabilities and older women, actively participate in design, implementation and monitoring of policies, programmes and products. Support women's organizations and OPDs through dedicated funding, leadership development and technical capacity-building to enable effective engagement in decision-making processes. Address barriers to participation by providing caregiving support, covering participation costs, ensuring accessibility and safety, and adopting flexible, inclusive engagement models that recognize women's time, care responsibilities and diverse access needs.

- **Advance awareness, rights advocacy and stigma reduction:** Lead awareness-raising campaigns that portray women and girls as empowered assistive technology users and leaders. Promote rights awareness and provide advocacy training so that women's organizations and OPDs can engage with policymakers and providers, helm awareness and stigma reduction initiatives. Implement community-based education programmes that challenge harmful gender norms, promote assistive technology as a tool for empowerment, and use multiformat, accessible communication strategies to reach rural and marginalized communities.

Box 5. Prosthetic arms and psychosocial support increase access for women in Pakistan

In rural Sindh, Pakistan, unsafe agricultural machinery has led to a high rate of upper-limb amputations among women, often with devastating impacts on mobility, livelihoods and social participation. Through its Innovative Grants mechanism, UN Women Pakistan partnered with Bioniks Technologies to pilot a gender-responsive prosthetic initiative tailored to the daily lives of rural women. Using 3D scanning and AI-supported customization, the project produced locally made prosthetic arms that translate muscle signals into natural movement designed for tasks such as farming, stitching and childcare. The fact that devices were locally manufactured helped reduce the cost of devices by roughly 40 per cent, increasing affordability and access. The initiative paired the prosthetics with psychosocial support, peer groups and community sensitization, helping women regain mobility, confidence and economic independence. This case illustrates the importance of culturally relevant, gender-responsive assistive technology solutions in low-resource settings.

Source: UN Women. [forthcoming]. AI-driven Innovative Project Case Study – Pakistan.

- **Drive innovation and accessible design:** Apply gender-responsive design principles throughout assistive technology product development, incorporating ergonomic, safety and maternal health considerations, and actively involve diverse women and girls as equal partners in the design and testing processes. Support the growth of women-led start-ups, social enterprises and engineering teams through mentorship, incubation and targeted financing. Collaborate with governments and universities to locally manufacture and adapt assistive technology for affordability, usability and cultural relevance.

- **Champion gender-responsive research and evidence-generation:** Encourage universities, think tanks and research institutions to conduct longitudinal and intersectional studies on assistive technology access, use and outcomes for women and girls, including impacts on education, employment, mobility, digital inclusion and caregiving. Promote open-access publication, ethical data-sharing and collaboration with CSOs to ensure research findings inform global, regional and national policy frameworks. Prioritize research on underrepresented groups, including women with intellectual or psychosocial disabilities and older women.

- **Expand community-based service models:** Support local repair and maintenance networks that employ and train women. Leverage community-based rehabilitation models to connect women and girls, particularly in rural, remote and crisis-affected settings, with national assistive technology schemes and services.

- **Integrate safeguards against digital risks and TF GBV:** Civil society, private sector actors and technology developers should establish strong safeguards to prevent TF GBV and protect the privacy, rights and safety of women and girls using digital and AI-enabled assistive technologies. Develop secure data-handling protocols, transparent consent mechanisms and user-centred security features on digital assistive devices, and provide accessible user education on digital safety, cybersecurity and rights protections. Products and services should be designed to minimize risks of surveillance, misuse of personal data and online harassment.

- **Foster global, regional and South-South knowledge-exchange:** Encourage CSOs, research institutions and private-sector innovators to participate in global and regional assistive technology networks, communities of practice and learning exchanges focused on gender equality and assistive technology. Sharing knowledge and lessons learned, culturally adapted solutions and gender-responsive design practices strengthens collective capacity and accelerates innovation.

- **Embed gender equality in corporate social responsibility and private sector standards:** Private sector actors should integrate gender-responsive standards in the procurement, product design and distribution of assistive technology. Corporate responsibility strategies should prioritize equitable access, inclusive marketing and affordability initiatives for women and girls, particularly those in low-income or underserved communities. Support responsible marketing, affordability strategies, and corporate accountability for quality and safety standards, including mechanisms to prevent non-compliant or unsafe products from entering the market.

Zekia Musa, a visually impaired youth activist and peacebuilder from South Sudan, holds her white cane while mentoring disabled pupils at school in Juba. 2021

Photo: UN Women/Maura Ajak

7 Conclusion

Assistive technology is not a luxury; it is a fundamental enabler of rights, dignity and equal opportunity. Yet women and girls remain disproportionately excluded from access due to systemic and intersecting barriers in policy, financing, design, service-provision and social acceptance. Too often, assistive technology is treated as peripheral rather than integral to universal health coverage, inclusive education, decent work, social protection and digital inclusion.

This policy brief demonstrates that gender inequality in assistive technology access is neither accidental nor inevitable. It is produced and sustained by systems that fail to account for women's lived realities, unpaid care responsibilities, safety concerns and unequal access to resources and decision-making power. Addressing these barriers requires more than expanding the availability of devices; it demands gender-responsive and gender-transformative approaches that reshape how assistive technology is designed, financed, delivered and governed.

To unlock the transformative potential of assistive technology, governments and partners must act decisively. This requires integrating assistive technology into national policies and budgets, ensuring affordability through subsidies and procurement reforms and strengthening accountability for gender-responsive implementation, awareness and service-delivery at every level. International organizations must provide normative guidance, technical support, financing and coordination to advance equitable systems, at scale. Civil society, the private sector and research institutions must centre women and girls as leaders, innovators and decision-makers, while addressing the practical barriers that limit participation and access.

At the centre of these efforts must be the voices and leadership of women and girls themselves. Women and girls must also form an integral part of assistive technology design and testing, so that assistive technology meets their unique needs as students, professionals, caregivers, mothers and active members of their community. When assistive technology systems are designed with women, rather than for them, they are more likely to be effective, sustainable and just.

The evidence is clear: gender-transformative approaches to assistive technology can expand educational access, strengthen economic participation, reduce caregiving burdens and foster inclusive societies. The choice before policymakers is equally clear. Failure to act will reinforce cycles of inequality. Bold investment and inclusive governance can instead ensure that assistive technology becomes a tool of empowerment, resilience and justice for women and girls everywhere.

Annex 1: Methodology

1.1 Desk review

The initial phase of the research involved an extensive desk review of relevant literature, including peer-reviewed academic studies, reports from international organizations, and policy briefs related to assistive technology, gender equality, disability inclusion and inclusive development. Sources included publications from ATscale, GSMA, UN Women, UNICEF, WHO and a range of scholarly articles. More than 90 resources were included in this review, and can be found in the full reference list at the end of the document. The review focused on identifying trends, barriers and enablers to assistive technology access globally, with particular attention to the experiences of women and girls in LMICs.

1.2 Survey

To complement the desk review, two tailored online surveys were developed based on trends identified in the literature. The first survey targeted individuals who may use assistive technology directly, while the second targeted organizations or other stakeholders involved in assistive technology provision, research, policy and advocacy. Collectively, the surveys were designed to gather insights on how individuals access assistive technology, what barriers they face, and what local initiatives exist to improve access. They also explored gendered experiences of assistive technology development, access and use. The instruments were developed in English and professionally translated into Spanish and French to facilitate broader participation across different regions; the surveys were disseminated through UN Women, ATscale and partner networks. While surveys were completely anonymous, an optional question allowed participants to share their email address if they were interested in taking part in an interview or focus group discussion.

A total of 163 participants completed the individual user survey, including 142 females, 19 males, one individual who identified as transgender, and one individual who did not answer. Participants represented a diverse mix of 48 countries (the full list can be found in Annex 3) and participants ranged in ages from under 18 years (two), to 18–24 years (14), 25–34 years (30), 35–44 years (54), 45–54 years (37), 55–64 years (20) and 65 or older (six).

The Washington Group Short Set of questions was included to ascertain if participants had functional limitations that may lead to disability. Using the recommended cut-off of "a lot of difficulty" or "cannot do at all" in at least one functional domain, 50 per cent of respondents were individuals with disabilities.

A total of 83 organizations completed the organizational survey. Among these organizations, 11 identified as UN organizations, 31 identified as OPDs, 35 identified as NGOs, two identified as academic, two identified as governmental institutions and four selected 'other'. Organizations classified their work as largely national in scope (56 organizations), while 15 worked globally and 12 worked in specific regions. The work of these organizations ranged from disability advocacy or advocacy for the rights of women and girls, to education and vocational training, health and rehabilitation services, economic empowerment of women, law and policymaking, research, and the design or provision of assistive technologies.

While responses reflect diverse geographic and contextual perspectives, the survey was not designed to produce statistically representative results.

1.3 Country consultations

Country consultations were conducted with stakeholders in the following countries: Georgia, Pakistan, Palestine and Ukraine. These countries were selected to reflect diverse geographic regions, income levels and contexts, including humanitarian and conflict-affected settings. Consultations engaged OPDs, women-led organizations, service-providers, UN Women country teams and other local stakeholders working at the intersection of gender equality, disability inclusion and assistive technology. These qualitative engagements were aimed at deepening understanding of lived experiences, gaps and barriers, cultural contexts and intersectional factors that influence assistive technology access and use. Discussions were semi-structured and guided by key themes identified during the desk review and survey analysis, while remaining flexible to allow for emerging topics of relevance.

1.4 Peer review and validation

To ensure rigor, inclusivity and relevance, the draft policy brief underwent a peer review and validation process involving technical experts and gender and disability specialists from UN Women, ATscale, UNFPA, partner organizations and selected external stakeholders. Feedback focused on the accuracy of the analysis, clarity of framing, policy relevance and alignment with international human rights and gender equality standards. Their input was incorporated into the final policy brief to strengthen the analysis, refine key messages and ensure the recommendations are grounded in practice.

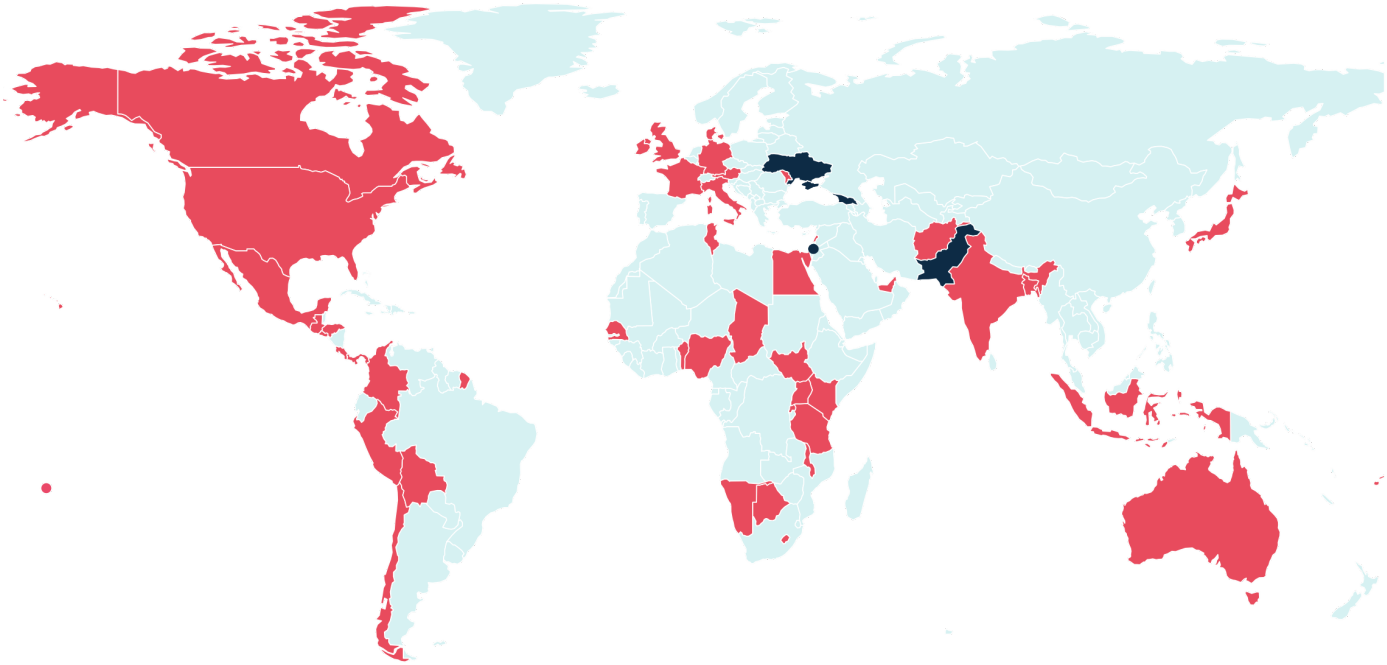
1.5 Limitations

The data gathered for this policy brief intended to surface illustrative trends, gaps and lived experiences in the provision and use of assistive technology, with a focus on women and girls. Survey data were self-reported and disseminated through disability, development and gender-focused networks, such as OPDs, NGOs and UN partners, using a convenience sampling approach and reflecting a selection bias based on access to digital platforms and networks. As such, findings are not statistically representative of the global population, as not every country was represented, and some population groups may be underrepresented but still offer valuable insight into diverse contexts and challenges across regions. Quantitative responses were analysed descriptively, while open-ended responses underwent inductive thematic coding to identify recurring issues, perspectives and barriers. These findings were triangulated with insights from the desk review, stakeholder consultations and peer feedback to inform the policy recommendations. The emphasis throughout remains on elevating lived experience and highlighting system-level implications for gender-transformative assistive technology access.

Elena Kochoska, an advocate for persons with disabilities in North Macedonia, who is using a prosthetic, is standing outside with walking aid.

Photo: UN Women Europe and Central Asia/Rena Effendi

Annex 2: Full list of countries represented in survey responses



Represented countries in survey
Pilot countries

- Afghanistan
- Australia
- Austria
- Bangladesh
- Benin
- Bolivia
- Botswana
- Canada
- Chad
- Chile
- Colombia
- Costa Rica
- Denmark (including the Faroe Islands)
- Egypt
- El Salvador
- Fiji
- France
- Georgia*
- Germany
- Guatemala
- Honduras
- India
- Indonesia
- Ireland
- Italy
- Japan
- Kenya
- Lebanon
- Lesotho
- Malawi
- Mexico
- Namibia
- Nigeria
- Pakistan*
- Palestine*
- Panama
- Peru
- Republic of Moldova
- Rwanda
- Samoa
- Senegal
- South Sudan
- Tunisia
- Uganda
- Ukraine*
- United Arab Emirates
- United Kingdom
- United Republic of Tanzania
- United States of America

Note: * countries participated in country piloting.

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